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ABSTRACT

This paper examines the relationship between various characterizations of the clinical supervision model and teacher job satisfaction. The first part of the paper describes teacher job satisfaction and looks at the history and meaning of clinical supervision. The next part of the paper describes Barbara Pavan's (1993) revised clinical supervision model, making suggestions for modification that would encourage administratively controlled elements of teacher job satisfaction. The model includes five phases: planning for the actual observation, observation, analysis of collected data, the feedback conference, and individual or joint examination of all cycle elements, with a focus on analyzing the supervisor's role. The paper discusses four studies, two of which outlined working models of teacher empowerment and two of which described successful models that incorporated clinical supervision practices. The four studies exemplify a movement to develop a supervision model that will improve teaching practice and indirectly improve teachers' job satisfaction. The paper suggests that if administrators can modify clinical supervision practices to increase teacher job satisfaction, then more satisfied teachers would continue to improve their instructional practices. In turn, the result of such a system would provide an exemplary learning environment in which students could more easily achieve academic success. (Contains 19 references.) (SM)

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Running Head: Supervision and Teacher Job Satisfaction

Diversifying Supervision for Maximum Professional Growth: Is a Well-Supervised Teacher a Satisfied Teacher?

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ABSTRACT

As educators continue to search for methods of improving education for students, clinical supervision continues to be a viable, albeit indirect, method of achieving this goal. This paper examines the relationship between various characterizations of the clinical supervision model and teacher job satisfaction. Specifically, Barbara Pavan's (1993) revised clinical supervision model is described, and with it are suggestions for modification that would encourage administratively controlled elements of teacher job satisfaction. It is suggested that if administrators can modify clinical supervision practices to increase teacher job satisfaction, then more satisfied teachers would continue to improve their instructional practices. In turn, the result of such a system would provide an exemplary learning environment in which students could more easily achieve academic success.

Diversifying Supervision for Maximum Professional Growth:

Is a Well-Supervised Teacher a Satisfied Teacher?

It is often the goal, in various forms, of educators to improve education for students. One common way to enhance education is to attempt to improve classroom instruction. Refining instruction is a reasonable objective in and of itself, but when contemplated in light of better education for students, it comes to be considered more along the lines of noble.

Very much like the question of the chicken and the egg ("Which comes first?"), research is ambiguous on the issue of what comes first, job satisfaction or productivity (Clarke & Keating, 1995). However, there is no question that both are important if educators wish to provide the best learning environment for students.

Although the present paper will not answer the dilemma about job satisfaction and productivity, it will attempt to look at how administrators can encourage teacher job satisfaction through the use of various models of clinical supervision.

Teacher Job Satisfaction

Concern over the shrinking pool of potential teachers has prompted numerous studies on what factors attract people to the field of teaching and what keeps them happy enough to stay there (Shreeve et al., 1984). Surveys have shown that there are many reasons that teaching is considered to be an appealing career. Such factors as one's desire to work with children, interest in a particular subject matter field, the value of education in society, the influence of a former teacher, family expectations, long summer vacations, job security, and financial benefits are among those reasons for choosing teaching (Lester, 1986). Conversely, there are just as many reasons that teachers leave the profession. Reasons for abandoning teaching careers include lack

of teacher autonomy, conflict with administration, misassignment of teachers, excessive workload/long hours, extracurricular duties, lack of job security, too much preparation, lack of student interest/discipline, insufficient salaries, lack of opportunity for advancement, inadequate knowledge of subject matter, lack of variety, and poor fringe benefits (Crane & Ervit, 1955; Dillon, 1978; Dorros, 1968; Lester, 1986).

Elements of teacher job satisfaction are outlined by many studies (e.g., Kim, 1994; Lester, 1986; Rineart & Short, 1994; Shreeve, et. al., 1984; Whaley, 1994) and are frequently categorized into three groups. The first group is "extrinsic" which refers to rewards that are controlled or granted by others such as pay and prestige. The second group is called "ancillary rewards" and pertains to aspects of teaching involving the nature of one's work such as working with children. "Intrinsic rewards" make up the final group and include activities that are rewarding in themselves and, due to their subjectivity, vary from teacher to teacher. Intrinsic rewards would include interest in an academic subject (Kim & Loadman, 1994; Lortie, 1975).

Even with this large number of reasons for staying or for leaving the teaching profession however, Kim and Loadman (1994) reported that none had proven to be strong, consistent predictors. Clarke and Keating (1995) similarly reported that even though there have been numerous studies trying to find relationships between job satisfaction and productivity factors, none of the research has shown a correlation between the two. Nonetheless, administrators can attain useful information about how their teachers judge the worth of their present teaching positions in order to learn about the teachers' expectations for their jobs and working conditions.

However, before the relationship between teacher job satisfaction and clinical supervision is explored, this paper will first attempt to describe the history and meaning of clinical supervision.

Clinical Supervision

Supervision became a field of study after World War II and progressed to include the use of clinical supervision practices during the 1950s and 1960s (Anderson, 1993). The first clinical supervision models came out of Harvard University when Morris Cogan (1973) developed a procedure for his teacher education program. The term "clinical" was used to refer to supervision of teachers and was purposefully chosen to relate to the same type of complex process of supervision used in medical fields. Questioned at first, the term prevailed, and seemed to bring a level of legitimacy to the intricate process of teacher development (Anderson, 1993).

Cogan's (1973) model, having been developed for preservice teachers, is inclined to view supervisors as experts and teachers as amateurs. Since subsequent models of clinical supervision, including Goldhammer's (1969), have varied little from Cogan's model, the idea of empowering teachers within clinical supervision calls for a paradigm shift from looking to supervisors to "fix" teachers to supervisors helping teachers to discover solutions. Although Goldhammer, Anderson, and Krajewski (1993) stated that it is not their intention to infer that the supervisor is the "expert," it seems that the focus of their model is on ability of the supervisor to assess the teacher's needs and to suggest appropriate improvement strategies based on the supervisor's analysis of the data.

Perhaps this original focus of clinical supervision has been the reason why that over the last decade and a half, the field of clinical supervision has blossomed in the literature but not necessarily in the schools. Unfortunately, this seems to be a result of teachers' mistrust that supervision can be free of evaluation. However, clinical models have continued to develop and

more and more, schools are working to develop, various forms of supervision purely for purposes of teacher improvement, and separate from performance evaluation procedures (Anderson, 1993).

Cogan's (1973) original clinical supervision cycle consisted of the following phases: (a) establishment of a relationship; (b) planning with teacher; (c) planning the observation; (d) observation; (e) analysis session; (f) planning a conference strategy; (g) conferencing; and (h) renewed planning. Other models have emerged since that time; however, most contain elements very similar to Cogan's original conceptualization of the process (Pavan, 1993).

Interestingly, it was Robert Goldhammer (1969), a former student of Cogan, who developed the model of clinical supervision that is probably the most commonly known. Goldhammer published his book describing clinical supervision in 1969, and Cogan's book on the same topic did not emerge until 1973. The similarities between Goldhammer's and Cogan's models can be seen in the names of the stages themselves. Goldhammer's stages included a pre-observation conference, observation, analysis/strategic planning, supervisory conference, and post conference analysis (Anderson, 1993).

Acheson and Gall (1980) developed their model expressly for the purposes of promoting clinical supervision and, more specifically, training supervisors in clinical supervision skills. The phases of clinical supervision by Acheson and Gall (1980) include the same essential elements of planning, classroom observation, and feedback conference found in both Cogan's and Goldhammer's models.

Pavan (1993) updated the clinical supervision model for the nineties by revising some of the terms and by adding elements of inquiry. It was her belief that current school practices for teacher growth included "peer inquiry…conducted by mentor teachers, lead teachers, or

instructional coaches as often as (or possibly more frequently than) principals" (p. 136). Her model described five elements of the process of clinical supervision, including planning, observation, analysis, feedback, and reflection. Table 1 compares the most commonly used models of clinical supervision.

Table 1

The Process of Clinical Supervision as Described by Four Experts

Goldhammer (Stages)	Cogan (Phases)	Acheson and Gall (Phases)	Pavan (Elements)
Pre-Observation Conference	Establish relationship Planning with teacher Planning the observation	Planning Conference	Plan
Observation	Observation	Classroom Observation	Observe
Analysis & Strategy	Analysis session Planning conference strategy		Analyze
Supervision Conference	Conference Renewed planning	Feedback Conference	Feedback
Post-Conference Analysis			Reflect
(Goldhammer, Anderson, & Krajewski, 1993)	(Cogan, 1973)	(Acheson & Gall, 1980)	(Pavan, 1993)

The present paper will use the more up-to-date Pavan (1993) model in the following section to describe the relationship between teacher job satisfaction and clinical supervision. This model was selected as it is the most conceptually well developed and because it incorporates the best thinking of the dominant scholars in the field of clinical supervision to date.

Clinical Supervision and Job Satisfaction

The proposed relationship of clinical supervision to teacher job satisfaction is based in part on the fact that particular elements of job satisfaction have been directly attributed to administrative influence. For example, Whaley (1994) reported the results of a survey to determine whether or not principals' communication effectiveness was related to teachers' job satisfaction. Not unexpectedly, the survey results suggested a strong relationship between teacher job satisfaction and the ability of administrators to provide feedback, rewards, and support. These results suggest a link between at least one aspect of clinical supervision (i.e. supervisor/teacher communication effectiveness) and teacher job satisfaction.

Shreeve et al. (1984) made a connection between job satisfaction and supervision style when they reported that their survey results "clearly indicate[d] that principals who encourage teacher participation in their school's decision-making process also exert strong influence on positive teacher attitudes and job satisfaction" (p. 4). Shreeve et al. (1984) further explained that teachers want empowerment in instructional and school management issues which "directly affect their careers and working environments" (pp. 10-11). This finding suggests that the empowerment of teachers through decision-making involved in their own professional growth, vis-à-vis clinical supervision, can positively affect their regard for teaching.

Similarly, Rineart and Short (1994) found that variations in administrative structures are related to variability in job satisfaction. Such findings included reports that teachers in very bureaucratic schools have lower job satisfaction. On the other hand, clear job expectations and participation in decision making tended to be positively related to job satisfaction.

Kim and Loadman (1994) surveyed practicing teachers who were recent graduates of 10 universities and found that extrinsic reasons for these graduates becoming teachers were current salary, opportunities for professional advancement, and working conditions. The intrinsic reasons for these teachers pursuing careers in education were interaction with students, professional challenge, professional autonomy, and interaction with colleagues. These last three reasons that teachers gave for job satisfaction, professional challenge, professional autonomy, and interaction with colleagues were directly influenced by administration.

The questions that the remainder of this paper will attempt to answer are:

1. Do administrators who are responsible for supervising teachers have the ability to enhance teacher job satisfaction in the intrinsic reward areas of professional challenge, professional autonomy, and interaction with colleagues through their actions during clinical supervisory practices?

2. Can the teacher job satisfaction elements of feedback, rewards, and support be provided by administrators through clinical supervision cycles?

3. Will clinical supervision provide a means of teacher empowerment that will positively influence teachers' job satisfaction?

Although these questions could all appropriately serve as guides for empirical studies of the supervisory process, the questions will be addressed herein via logical argumentation based, in part, on extant scholarship on supervisory practices.

The Clinical Supervision Model

In the interest of clarity, the five-step clinical supervision model by Pavan (1993) will be briefly described below. The whole cycle of clinical supervision presents an opportunity for

professional challenge as the teacher seeks to improve his or her own practice with the guidance of the supervisor. Additionally, teachers should be encouraged to interact with colleagues about what they might need to improve in their own teaching practice prior to their initial meeting with the supervisor. After the description of each of Pavan's (1993) elements will be commentary on how that element could be modified to include components that would encourage teacher job satisfaction.

The first phase in Pavan's (1993) clinical supervision cycle is planning for the actual observation. During this face-to-face planning meeting, the relationship between the supervisor and teacher is strengthened since trust between these two individuals will substantially influence the productivity of the rest of the cycle. This conference also seeks to specify the teacher's needs and how each will be addressed by the supervisor. Both the teacher and the supervisor(s) examine the teacher's proposed lesson and then collaboratively agree upon a specific focus for the observation. The conference ends with agreement on an appropriate observation method and time. During phase one, an atmosphere of support and teacher empowerment is encouraged by the supervisor acting as facilitator and allowing the teacher to lead the needs assessment based on the teacher's own personal experiences and understanding of what needs to be improved. Ideally, the supervisor should concentrate on allowing the teacher to take the lead in setting the goals for the rest of the clinical cycle.

The second phase is the observation. The supervisor observes the lesson according to agreed upon methods in phase one. The data should be collected as objectively as possible in a method that will best represent what actually occurred during the observation. Furthermore, the collected data must be related to the purpose that was determined during the planning meeting

(Pavan, 1993). The observation itself permits the teacher to be empowered by having input into how the data are collected and possibly even playing a role in the collection of the data. It is up to the supervisor here to ensure objectivity while keeping the teacher's involvement intact.

Additionally, this phase provides an opportunity for the supervisor to conduct the observation in a manner that shows support for what the teacher is doing. This is especially important in light of the fact that teachers tend to mistrust that the clinical supervision process can remain free of elements of a performance evaluation. One solution that has been offered to reduce this reluctance is to have someone other than the teacher's immediate superordinate or regular performance evaluator to conduct the clinical supervision cycle (Anderson, 1993). In practice, however, this is not always possible considering the absence of personnel available to perform both functions (clinical supervision and evaluation) separately.

The third element of Pavan's (1993) clinical supervision cycle, analysis of the collected data, technically involves only the supervisor. Keeping in mind the focus of the observation and the goal of objectivity, the supervisor should look for patterns in the collected data and make summative (but not opinionated) deductions about the teacher's behavior. Finally, the supervisor should plan how to best present the analyzed data during the next conference with the teacher. Specifically, data analysis should be conducted in light of the plan, pedagogical theory, and research. In that light, a plan should be developed to help the teacher improve based on the results of that analysis.

One way to include the teacher in the element of analysis is to present the objective data to the teacher and then consider the teacher's own observations about the data in comparison to the data collected on the lesson itself. If the presented data differ from the teacher's own perceptions

about the lesson, then the reasons for that discrepancy should be discussed. At this point, it is important to note that multiple observers would not only provide additional perspectives but would also encourage interaction between the teacher and his or her colleagues. Once there is agreement between the teacher's perception and what is described in the data, the facilitator should encourage the teacher to consider, either during the conference, alone, or with other educators, how the data should inform the teacher regarding future teacher practices.

Additionally, the supervisor should plan a course of action with regard to how directive to be with the teacher. In other words, according to the level of expertise (Pultorak, 1993) of the teacher, the supervisor may wish to adjust the amount of guidance provided to the teacher. For example, a novice teacher might benefit from direct advice while a teacher with many years of successful experience might benefit more from affirmation of ideas he or she already has. Perhaps a mentor from outside of the clinical supervision team might be of assistance in providing further direction to less experienced teachers. Again, the provision for differentiated levels of supervision and the addition of a mentor to the cycle would promote both a feeling of administrative support and an opportunity for collegial interaction.

The fourth element of the cycle as described by Pavan (1993) consists of the feedback conference that is carried out as planned in phase three. The supervisor should ensure that all the collected data are reported to the teacher in such a way that lesson dynamics are understandable and future plans may be made. The conference format should be flexible so that the supervisor can effectively address the specific needs of each teacher. Additionally, if the plans for presenting the data made in stage three are apparently not working, then the supervisor can make necessary adjustments to ensure the success of this phase in the cycle.

In the interest of promoting teacher empowerment, the conference in the fourth phase should address the needs of the teacher as *described* by the teacher not as perceived by the supervisor. The plan should include the presentations of observation data by the supervisor as well as the teacher's perceptions about the observed lesson. In an effort to support the professional autonomy of the teacher, the supervisor should be attuned to the wants and needs of the teacher in order to adjust the direction of the conference as necessary.

Finally, the fifth element of the clinical supervision cycle consists of individual or joint examination of all elements in the cycle, with the focus on analysis of the supervisor's role. Reflection on the feedback conference and the clinical cycle as a whole is the purpose of this phase. The evaluation process is described as a supervisory activity in which the conferences are assessed as to their ability to meet the teacher's needs and provide valuable help in teacher improvement. Ideally, the administrator would include the teacher in this reflective process (Pavan, 1993), although self-reflection without the input of others is also permissible. However, it would seem helpful, during stage five, for the teacher to have input as a means for providing feedback to the supervisor on how the teacher's needs can be better fulfilled. Involving the teacher in this stage may also help the teacher by providing a direction for the next cycle of clinical supervision.

It is evident from the previous description of Pavan's (1993) clinical supervision cycle that, with minor revisions, such a process could provide professional challenge, professional autonomy in the form of teacher empowerment, interaction with colleagues, and administrative feedback and support. The one element of teacher job satisfaction that does not seem to be addressed in the cycle itself is that of rewards. Although a method for providing diversified

extrinsic rewards (i.e. salaries) based on the teacher's performance might be desirable, not all school district structures allow for merit pay systems. However, Whaley (1994) reported that teachers described various rewards that might accompany excellent teaching performance, including such things as their good job performance being shared with others in the school. This method of reward could easily be incorporated into most school structures. Success in the clinical supervision cycle could even result in recognition in the form of allowing those "expert" teachers to become mentors or clinical supervisors themselves.

A particular difficulty with incorporating extrinsic rewards into the clinical supervision cycle is the need to downplay "evaluation" in the clinical supervision process. Proponents of clinical supervision agree that teachers are hostile toward any supervision process that is evaluative or that might threaten their jobs (Acheson & Gall, 1980; Cogan, 1973; Goldhammer, Anderson, & Krajewski, 1993). In light of this dilemma, linking extrinsic rewards to clinical supervision might be one area of job satisfaction better left alone.

Working Models of Teacher Empowerment and Clinical Supervision

In the absence of direct experimentation with the revised Pavan (1993) model that was proposed above, it might be useful to review the following four studies, two of which outline working models of teacher empowerment and two of which describe successful models that incorporate clinical supervision practices.

Shreeve et al. (1984) studied teacher attitudes towards involvement in decisions, toward their principal's leadership qualities, and the teachers' job satisfaction levels. In general, teachers seemed dissatisfied with the level of shared decision-making, but there was a clearly positive relationship between teacher job satisfaction and teachers' involvement in decisions.

Furthermore, Shreeve et al. (1984) concluded that a "participatory management style positively impacts teacher job satisfaction without undermining the leadership role of the principal" (p. 11).

A similar study by Rineart and Short (1994) investigated the relationship between teacher empowerment and job satisfaction. The results of the study were that teachers who perceived they were more empowered were also more satisfied in their career. Specifically, Rineart and Short (1994) examined six dimensions of empowerment--decision making, professional growth, status, self-efficacy, autonomy, and impact. It is interesting to note that these dimensions relate closely to the job satisfaction factors linked to clinical supervision that were previously examined in this paper. Rineart and Short (1994) concluded that "school administrators are in positions to enhance the job satisfaction of teachers, subsequently, they need to remember that this variable may positively influence performance, quality of work life, or organizational effectiveness" (p. 576).

Although they do not incorporate Pavan's model, the next two studies that will be discussed do, in fact, describe working, and seemingly successful, models of supervision that have a heavy emphasis on clinical cycles.

Poole (1994) studied the effects of the "supportive supervision" model that was developed and implemented in the Pleasant Valley Central School District. One major difference between the Pleasant Valley model and other clinical models is that Pleasant Valley was attempting to replace their existing performance evaluation process with a clinical model, an action which flies in the face of Cogan's model and others' who intended that the two processes of supervision and evaluation be kept completely separate. Poole (1994) explained that the separation of evaluation and supervision is difficult in practice but noted that the differences between "formal" and

"informal" evaluation should be emphasized in an attempt to preserve the legitimacy of both evaluation and clinical supervision. In Poole's conceptualization, the documentation of ongoing informal evaluations is used to formulate an end of the year formal evaluation. Hence, the process itself is essentially a form of clinical supervision except, of course, for the fact that the results are used not only for teacher improvement but also for teacher evaluation.

The results of Poole's pilot study and the subsequent implementation of the supportive supervision plan were that teacher-administrator trust was increased, collegiality was bolstered, and teacher autonomy was established. Although the study did not directly investigate the relationship between supportive supervision and teacher job satisfaction, the fact that trust, collegiality, and teacher autonomy were increased would infer, based on the literature examined in the present paper, that teachers participating in the program would, indeed, be more satisfied with their jobs.

Similarly, Myrna Greene (1992) described another school district that underwent educational change in the form of establishing a new model for teacher supervision and evaluation. Again, it is noted that this model combined supervision with evaluation, which perhaps is additional proof that separating the two is easier in theory than in practice. The model was developed using the works of Cogan and Goldhammer and was virtually a copy of what was developed at Harvard almost 20 years prior.

Greene (1992) explained that the goals of implementing the new plan were to promote teacher's professional development and empowerment, to develop a supportive, sharing school culture, and to produce a defensible supervision and evaluation system. The school system has claimed success in all of these areas after an extensive piloting, implementation, and subsequent

comprehensive survey of the participants. Again, this particular study did not intend to identify a relationship between job satisfaction and the level of implementation of clinical supervision, but it is evident from some of the quotations taken from the interviews that teachers involved in the system felt empowered and supported.

The previous four studies do not attempt to describe a direct link between administrative efforts to supervise teachers in a way that will improve their job satisfaction. However, they do exemplify a movement to develop a supervision model that will improve teaching practice and, according to research, indirectly improve job satisfaction among teachers. The result of both enhanced teaching practice and increased teacher job satisfaction is, ideally, better education for students.

Summary

This paper attempted to relate clinical supervision practices to particular elements of teacher job satisfaction. First of all, the literature revealed that administrators who are responsible for supervising teachers have the ability to enhance teacher job satisfaction in the intrinsic reward areas of professional challenge, professional autonomy, and interaction with colleagues through their actions during clinical supervisory practices. Poole's (1994) study showed that teachers are professionally challenged during feedback and reflection stages of clinical supervision. Professional autonomy is encouraged throughout the process as the teacher is an integral part of all portions of the cycle. Interaction with colleagues is inherent in clinical supervision processes and teachers are encouraged to seek feedback from colleagues other than the clinical supervisor.

Secondly, an examination of clinical supervision cycles showed that teacher job satisfaction elements of feedback, rewards, and support can be provided by administrators as a

part of clinical supervision. Feedback and support are obvious within the cycles but rewards are more loosely linked. As was discussed earlier in this paper, the job satisfaction element of rewards, whether intrinsic or extrinsic, might be better left alone as any direct attempt to influence rewards might associate clinical supervision with evaluation and therefore render the clinical supervision process ineffective.

Finally, the literature exhibited a link between clinical supervision and teacher empowerment that would positively influence teachers' job satisfaction. Studies (Rineart & Short, 1994; Shreeve, et. al., 1984) clearly state that there is a positive correlation between teacher empowerment and job satisfaction. As administrators seek to empower teachers clinical supervision cycles, increased teacher satisfaction with their jobs would result.

Administrators should take note of their ability to influence teacher job satisfaction, especially as it relates to their supervisory practice. When supervisors seek to empower teachers to become professionally challenged and autonomous and to seek interaction with their colleagues in collaborative situations, those teachers will feel supported and rewarded for their efforts to improve in their profession. Hopefully, teachers that are being challenged to grow will, in turn, be happier teachers better equipped to provide quality education to students.

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